

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/423093	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2	1		1				52				
3	1		1				53				
4	1		1				54				
5		4		4			55				
6	1		1				56				
7	1		1				57				
8	1		1				58				
9	1		1				59				
10	1		1				60				
11	1		1				61				
12	1		1				62				
13		1		1			63				
14	1		1				64				
15		1		1			65				
16	1		1				66				
17		1		1			67				
18		2		2			68				
19		2		2			69				
20		2		2			70				
21		(1)		(1)			71				
22	1		1				72				
23		1		1			73				
24		2		2			74				
25		2		2			75				
26		2		2			76				
27		(1)		1			77				
28		(1)		1			78				
29		(1)		1			79				
30		(1)		1			80				
31		(1)		1			81				
32	1	1	1				82				
33		1		1			83				
34		1		1			84				
35		1		1			85				
36		4		4			86				
37	1		1				87				
38		1		1			88				
39		1		1			89				
40		1		1			90				
41		4		4			91				
42		(1)		(1)			92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	16		16				TOTAL IND.				
TOTAL DEP.	41		41				TOTAL DEP.				
TOTAL CLAIMS	57		57				TOTAL CLAIMS				